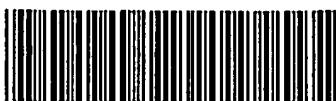


Index of Claims

Application No.
09/671,914
Applicant(s)
**DE BRUIJNE, ROELAND
PIETER**
Examiner
Bob Chevalier
Art Unit
2616

<input checked="" type="checkbox"/>	Rejected
<input type="checkbox"/>	Allowed

<input type="checkbox"/>	(Through numeral) Cancelled
<input checked="" type="checkbox"/>	Restricted

<input type="checkbox"/>	N Non-Elected
<input type="checkbox"/>	I Interference

<input type="checkbox"/>	A Appeal
<input type="checkbox"/>	O Objected

Claim	Date
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12	1/14/03
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Claim	Date
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